

Mississippi Health Insurance Exchange Advisory Board

Mississippi Insurance Department Commissioner Mike Chaney

December 12, 2012 Jackson, Mississippi



Proposed Rules

Essential Health Benefits

- State mandated benefits may be included in EHB if enacted by December 31, 2011
- Adult dental and vision may not be included in EHB

Actuarial Value Calculations

- Issuers have a variance of ±2% to reach metal tiers
- States may submit state-specific data for AV in 2015

Single Risk Pool

 Individual and small group markets will have only one risk pool each. States may merge the two markets, if desired.

Proposed Rules

Health Plan Rating

- Family: premiums are a sum of each family member's premiums (all adults age 21+ and the 3 oldest family members under age 21)
- Small Group: premiums are the sum of the employees' premiums
 - Employers may choose how to distribute premiums among employees
- Geography: States may determine rating areas (7 max)
- Age: A rating curve is established. States may choose their own curve with CMS approval.

Adoption of EAB Meeting Minutes from November 14, 2012

Final Recommendations from Advisory Subcommittees on Exchange Market Regulation

Market Participation

Should carriers participate in both the individual and small group markets?

- Recommendations are split:
 - Carriers should be able to participate in either one or both markets in the Exchange
 - Require carriers to participate in the same markets inside the Exchange that they do outside the Exchange
- Other related recommendations:
 - Carriers should not be required to participate in the Exchange

Plan Offerings

Carriers are required under Federal law to offer one plan at the silver and gold levels. Should they be required to offer more?

- No. Carriers should be allowed to offer additional levels at their discretion, but it should not be mandated.
 - It is believed that carriers will still offer additional plans in response to market demand, even without a mandate
 - The more flexibility given to carriers, the more opportunities they have to operate in the Exchange

Plan Coverage Area

Should health plans be required to be offered statewide, as opposed to being offered as regional coverage?

- Recommendations are split:
 - Carriers should cover the same area inside the Exchange that they do outside the Exchange
 - Carriers should offer at least one statewide plan and other regional plans as desired
 - Allow carriers to participate in the Exchange on a regional basis with the intent to increase coverage area over time, perhaps with a deadline
 - Statewide coverage should be encouraged

Standardization

Should health plans offered on the Exchange be standardized?

 No. Carriers should have the flexibility to create health plans as they see fit.

Standardization of plan presentation format:

- Comparison view should be "apples to apples"
- Consumers should be able to see plan exclusions
- Information should be at the 6th grade reading level
- "Click to Chat" feature could be helpful

Network Adequacy

How should network adequacy be determined?

- The current broad network adequacy standard should remain status quo
- Exchange should adopt one of the methods used by CHIP or the state employee plan to measure network adequacy

Discussion Themes

- Goal: Flexibility & options in the marketplace
- Minimal Regulations
 - Flexibility for carriers to encourage participation
 - Avoid regulations that may exclude or discourage carriers from participation
 - More carriers mean more coverage options and broadly shared risk
 - Balance the desire for "minimum regulations" with the need for regulations that prevent carriers from "cherry-picking" markets or coverage regions

Exchange Market Regulation Advisory Board Discussion

One, Mississippi Presentation

Mississippi Exchange

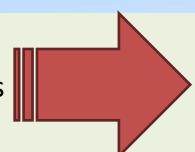
Project Review



December 12, 2012

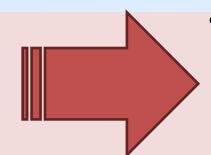
Mississippi Exchange Background

 Provide access to health insurance for Mississippi's uninsured populations



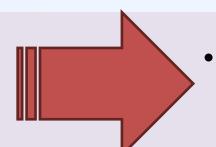
 Affordable coverage for all Mississippians

 Allow participants to select from multiple health plans



Increased consumer choice keeps costs down and increases health care options

 Website and phone signup capability

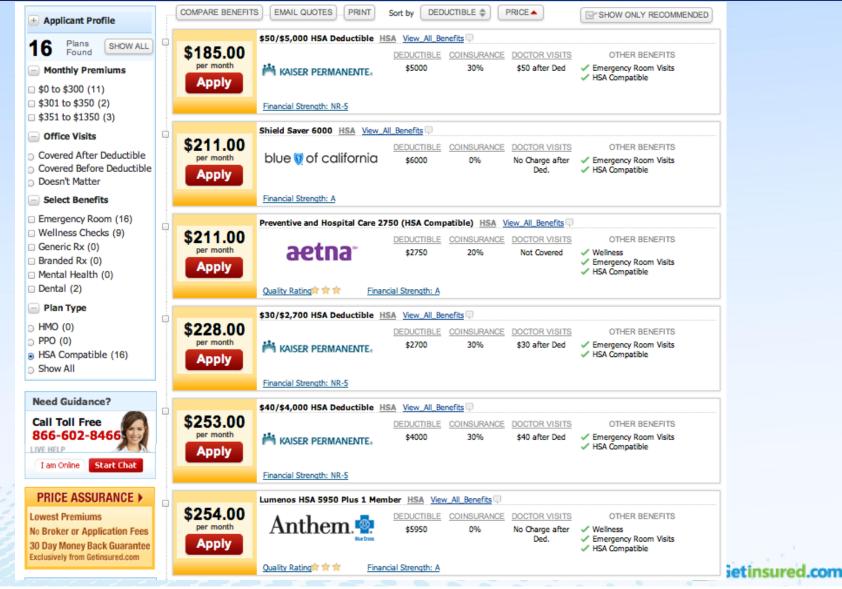


Multiple ways to select a health a plan





The Progressive Auto Insurance of Health Insurance...



Getinsured Overview

- 1. A simple, intuitive consumer portal
- 2. A toll-free call center 75,000 interactions per month
- 3. A Private Exchange with familiar features
 - a) Plan Management
 - b) Plan Selection
 - c) Enrollment
 - d) CRM
 - e) Issuer Interfaces
 - f) NCQA Quality Ratings

4. Compliance dashboard

- a) Licenses
- b) Appointments
- c) Other regulatory requirements

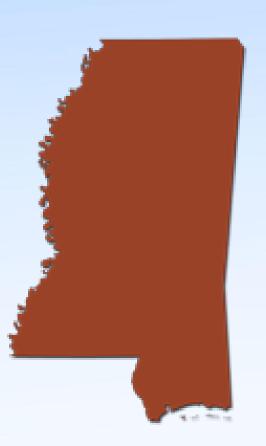
5. Proven at scale

- a) Serviced millions of users
- b) 12,000 health plans
- c) 3,000 brokers
- d) Operational in 48 states



The Mississippi Approach

- Market based solution
- Options for Individuals and Small Businesses
- Open to all insurance carriers wishing to participate
- Broker toolkits and support
- Jobs for Mississippi





Project Framework & Outcomes

Framework

Focus on Core Requirements to meet 10/2013 Open Enrollment

Leverage Market Proven Software Infrastructure and Processes

Proactively Manage Risks and Issues

Collaborative approach to share knowledge and reduce risk

Outcomes

HHS certifies the Blueprint Application as a State-based Exchange

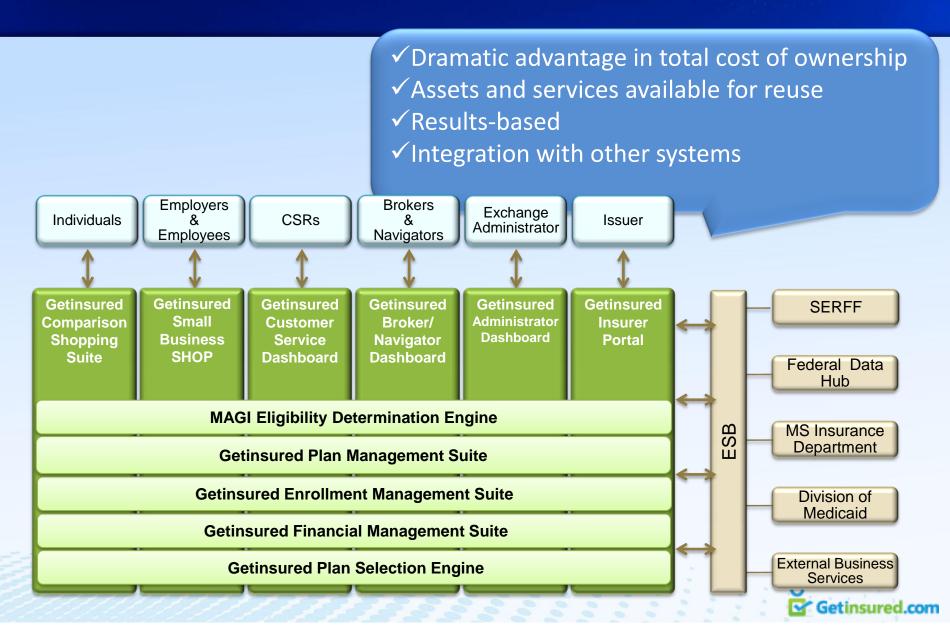
Exchange Go-Live by 10/2013

The Exchange is integrated with MID & DOM systems

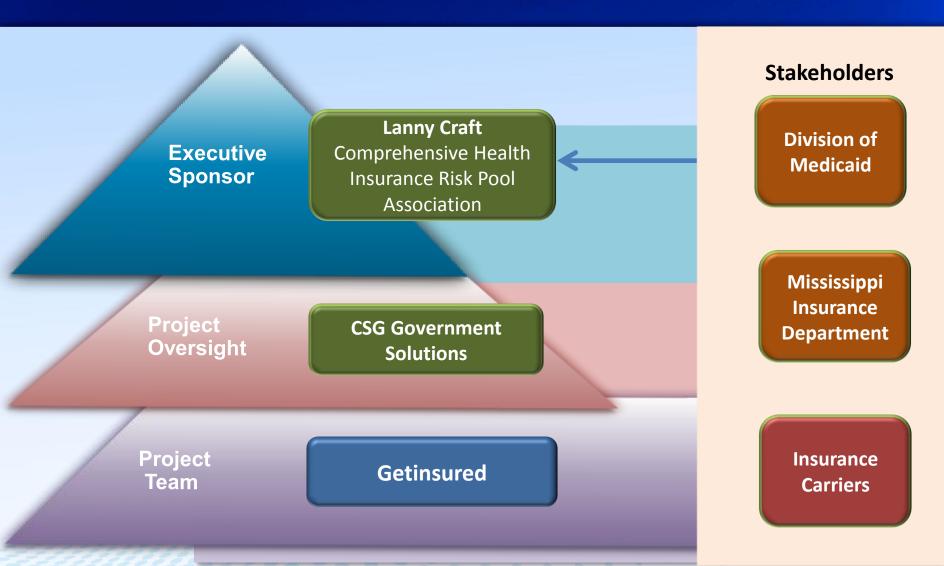
Customer Call Center is operational in Mississippi



Getinsured Solution for Mississippi

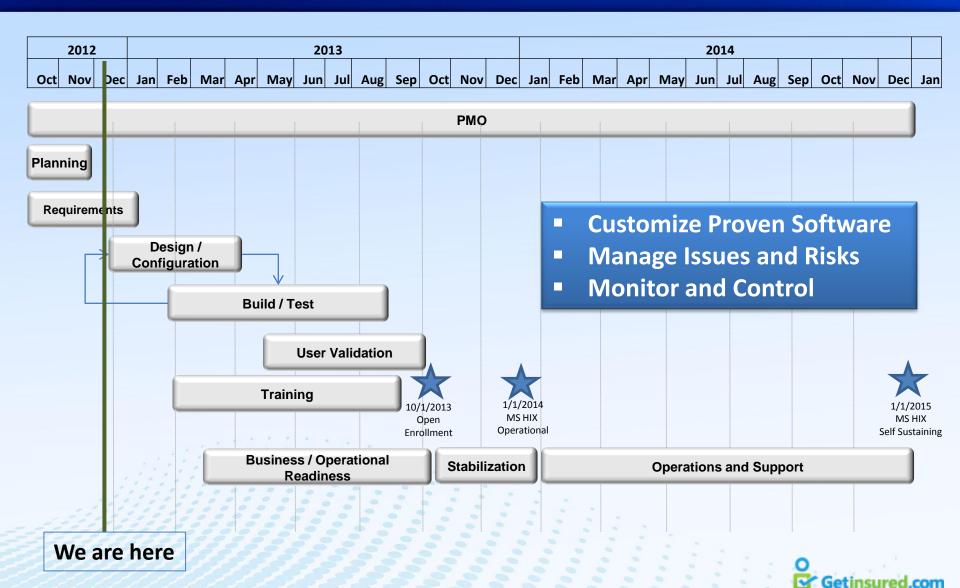


Program Structure & Stakeholders





Project Timeline and Approach





Other Business & Closing Remarks



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